



TEXAS DEPARTMENT OF LICENSING & REGULATION

P.O. Box 12157 • Austin, Texas 78711-2157 • www.tdlr.texas.gov
(512) 539-5600 • FAX (512) 539-5698 • enforcement@tdlr.texas.gov

PODIATRY MEDICAL PROFESSIONAL LIABILITY CLAIMS REPORT

FILE ONE REPORT FOR EACH DEFENDANT PODIATRIC PHYSICIAN AS REQUIRED BY TEXAS OCCUPATIONS CODE §202.353 and 16 TEXAS ADMINISTRATIVE CODE §130.70

PART I (of II). COMPLETE FOR ALL CLAIMS OR COMPLAINTS AND FILE WITH TDLR WITHIN 30 DAYS FROM RECEIPT OF CLAIM OR COMPLAINT. INCLUDE A COPY OF THE CLAIM LETTER AND/OR PLAINTIFF'S COMPLAINT.

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| 1. Name of Insurer: _____ | | 2. Date: _____ mon/day/year |
| 3. Insurer's Address: _____ Street Number, Street Name, City, State, Zip Code | | |
| 4. Defendant Podiatric Physician Name: _____ | 5. Defendant Podiatric Physician License Number: _____ | |
| 6. Plaintiff's Name: _____ | 7. Policy Number: _____ | |
| 8. Date Claim Reported to Insurer or Self-Insured Podiatric Physician: _____ | 9. Type of Complaint: <input type="checkbox"/> Claim Only <input type="checkbox"/> Lawsuit | |
| 10. Initial Reserve Amount after Investigation: _____ (If this is not determined within 30 days, report this data within 105 days of filing the Part I report with TDLR.) | | |
| Person Completing this Report: _____ Last, First, Middle Initial, Suffix (Jr., Sr., III) | | Phone Number: _____ (Area Code) Phone Number |

PART II (of II). COMPLETE AFTER DISPOSITION OF THE CLAIM OR COMPLAINT, INCLUDING DISMISSALS OR SETTLEMENTS. FILE WITH TDLR WITHIN 105 DAYS AFTER DISPOSITION OF THE CLAIM OR COMPLAINT. A COPY OF COURT ORDER OR SETTLEMENT AGREEMENT MAY BE INCLUDED. PART II MUST BE ACCOMPANIED WITH PART I INFORMATION TO ENABLE TDLR TO MATCH THE CLOSURE TO THE ORIGINAL FILE.

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| 11. Date of Disposition: _____ mon/day/year | 12. Type of Disposition: <input type="checkbox"/> Settlement <input type="checkbox"/> Judgement <input type="checkbox"/> Other (please specify below) _____ _____ | |
| 13. Amount of indemnity agreed upon or ordered on behalf of this defendant: \$ _____ Note: If percentage of fault was not determined by the court or insurer in the case of multiple defendants, the insurer may report the total amount paid for the claim followed by a slash and the number of insured defendants. (example: \$1,000,000/3) | | |
| 14. Appeal if known: <input type="checkbox"/> Yes (if Yes, which party: _____) <input type="checkbox"/> No | | |
| Person Completing this Report: _____ Last, First, Middle Initial, Suffix (Jr., Sr., III) | | Phone Number: _____ (Area Code) Phone Number |